TRAFFIC ORDER FORM

NOTES

ORDER DATE: 3 / 22 / 2024 SALES REP # _____ NEW CUSTOMER — YES / NO CUSTOMER # _____ CONTRACT # _____

CUSTOMER NAME: Citizens For Shawnee Schools AGENCY / CO-OP NAME: _____

ADDRESS: 1939 N Harrison ADDRESS: _____

CITY/STATE/ZIP: Shawnee, OK 74802 CITY/STATE/ZIP: _____

CONTACT: Shannon Chandler PHONE # 405-878-7236 CONTACT: _____ PHONE # _____

TRANSFER # _____ BILLING CYCLE (CIRCLE ONE) MONTHLY / STATEMENT BILL / CASH / TRADE / PSA

AD DESCRIPTION	READ /LIVE	SPOT LGTH	BEGIN DATE	END DATE	BEGIN TIME	END TIME	RATE	M	T	W	T	F	S	S	SPOT TOTAL	TOTAL COST
		30	3/25	3/31 ~~0600~~	0600	1900	$5.00	7	7	7	7	7	7	7	49	$245
		30	4/1	4/1	0600	1900	$5.00	7							7	$35
		30	4/2	4/2	0600	1800	$5.00	4							4	$20

AFFIDAVIT: DATE & TIME ONLY / NOTARIZED SCRIPT

(CIRCLE ONE) NOTARIZED / NOTARIZED DATE & TIME

ENTERED BY: _____ DATE: _____

APPROVED BY: _____

DATE: _____

GROSS TOTAL FOR THIS ORDER $ $300.00

LESS DISCOUNT _____ % $ —

TOTAL FOR THIS ORDER $ 300.00